



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:23 am, Oct 05, 2015

Complete this report at the time of the regular monthly preventive maintenance (30 days). Complete this report whenever the instrument is serviced or repaired. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12945	NAME OF AGENCY St. Joseph Police	DATE OF INSPECTION 10/04/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Paragon Street St. Joseph		TIME OF INSPECTION 21:27 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ **DIAGNOSTIC RECORD**

<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE		
<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS	LOT# AG509101	EXP. DATE 04/01/2017
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE	

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.099 g/210L	TEST 2 0.099 g/210L	TEST 3 0.099 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 2	0-.04 1	.05-.09 2	.10-.14 1	.15-.19 4	OVER .19 1
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME KERNS, BRAD
TYPE II PERMIT NUMBER 250129	TELEPHONE NUMBER (816) 271-5359

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 1-Apr-2015

Lot # AG509101

Exp. Date
1-Apr-2017

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 \pm 2% BrAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>
EB0010681	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010595	208.9 ppm
EB0010562	104.9 ppm
EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2015.04.01 17:02:55 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01